



PART B - FEE(S) TRANSMITTAL

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27614 7590 05/06/2005

MCCARTER & ENGLISH, LLP
 FOUR GATEWAY CENTER
 100 MULBERRY STREET
 NEWARK, NJ 07102

07/15/2005 RMEBRAH1 00000159 100750 10039191

01 FC:1501 1400.00 DA
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Erin Sotolongo (Depositor's name)
E. Sotolongo (Signature)
 7/14/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,191	12/31/2001	Semyon Shchervinsky	ETH-1603	7167

TITLE OF INVENTION: TEMPORARY PACING WIRE HAVING A CONSTRAINED ANCHOR AND METHOD OF PRODUCING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHAETZLE, KENNEDY	3762	607-130000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____ 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ethicon, Inc.

SOMERVILLE, N.J.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **10-0770** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Matthew S. GoodwinDate 7/13/05Typed or printed name Matthew S. GoodwinRegistration No. 32,839

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